

UNITED STATES DISTRICT COURT  
NEWARK, NEW JERSEY

Phyllis ATKinson

PLAINTIFF(S)

- vs -

North Jersey Developmental

CIVIL NO. 06-5485  
(PGS)

DEMAND FOR TRIAL BY JURY

YES ☒ NO ☐  
(CHECK ONE BOX ONLY)

COMPLAINT

1. This action is brought pursuant to Title VII of the Civil Rights Act of 1964, as amended, for employment discrimination. Jurisdiction is specifically conferred on this Court by 42 U.S.C.

Section 2000e-5. Equitable and other relief are also sought under 42 U.S.C. 2000e-5 (g).

2. Plaintiff(s) resides at 317 E 36th

Street Address

Paterson

City

Passaic

County

N.J.

State

973-279-8111 - 973-460-0382

Phone Number

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3. Defendant(s) lives at, or its business is located at 169 Minisink Rd  
 Street Address

Totowa, Passaic, N.J.  
 County State

973-256-1700  
 Phone Number

4. Please state the address at which you sought employment Totowa  
 City

Passaic, N.J.  
 County State

5. State as nearly as possible when the discriminatory acts occurred:

\_\_\_\_\_, September, 04  
 Day Month Year

5a. If practice is continuing check the appropriate box:

\_\_\_\_\_, YES \_\_\_\_\_ NO

6. State as nearly as possible when you filed charges with the N.J. Division on Civil Rights regarding defendant's alleged discriminatory conduct:

9, September, 2005  
 Day Month Year

7. State as nearly as possible when you filed charges with the Equal Employment Opportunity Commission regarding defendants alleged discriminatory conduct: 9  
 Day

September, 2005  
 Month Year

8. The Equal Employment Opportunity Commission issued the attached Notice-of-Right-to Sue letter which was received by you on

18, August, 2005  
 Day Month Year

(Note: Please attach Notice-of-Right-to Sue letter to this Complaint)

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9. The acts complained by you, in this suit, concern:

A. \_\_\_\_\_ Failure to employ you.

B. \_\_\_\_\_ Termination of your employment.

C. \_\_\_\_\_ Failure to promote you.

D. ☒ Other acts (please specify)

Retaliation Racism Harassment  
hostile work environment

10. Defendant's conduct is discriminatory with respect to which of the following:

A. ☒ Your race

B. \_\_\_\_\_ Your Color

C. \_\_\_\_\_ Your Sex

D. \_\_\_\_\_ Your Religion

E. \_\_\_\_\_ Your National Origin

11. A Copy of the charge to the Equal Employment Opportunity Commission is attached to this complaint and is submitted as a brief statement of the facts of your claim.

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12. If relief is not granted, plaintiff will be irreparably denied rights secured by the Title VII of the Civil Rights Act of 1964, as amended.

13. Plaintiff(s) has no adequate remedy at law to redress the wrongs described above.

WHEREFORE, Plaintiff(s) prays (check appropriate letter(s) as follows):

A. \_\_\_\_\_ That all fees, costs or security attendant to this litigation be hereby waived pursuant to affidavit of indigence submitted herewith.

B. \_\_\_\_\_ That the Court grant such relief as may be appropriate, including injunctive orders, damages and costs.

C. \_\_\_\_\_ That a trial by jury is/is not hereby demanded by the plaintiff.  
(Circle one)

  
SIGNATURE OF PLAINTIFF

EEOC Form 161 (3/98)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Phyllis Atkinson**  
**317 E. 30th Street**  
**Paterson, NJ 07504**

From: **Newark Area Office - 524**  
**1 Newark Center**  
**21st Floor**  
**Newark, NJ 07102**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**171-2005-01365**

**Jose G. Rosenberg,**  
**Supervisory Investigator**

**(973) 645-6021****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.



Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.



While reasonable efforts were made to locate you, we were not able to do so.



You were given 30 days to accept a reasonable settlement offer that affords full relief for the harm you alleged.



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

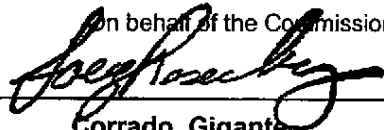
**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

Enclosures(s)

On behalf of the Commission  
  
**Corrado Gigante,**  
**Director**

**AUG 18 2008**

(Date Mailed)

cc: **STATE OF NEW JERSEY**  
**Office of the Attorney General**  
**Gerard Hughes, Deputy Attorney General**  
**25 Market Street**  
**PO Box 112**  
**Trenton, NJ 08625**

EEOC Form 5 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

171-2005-01365

New Jersey Division On Civil Rights

and EEOC

Name (Indicate Mr., Ms., Mrs.)

Ms. Phyllis Atkinson

Home Phone No. (Incl Area Code)

(973) 279-8111

Date of Birth

08-17-1956

Street Address

City, State and ZIP Code

317 E. 30th Street, Paterson, NJ 07504

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

NORTH JERSEY DEVELOPMENTAL CENTER

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(973) 256-1700

Street Address

City, State and ZIP Code

169 Minisink Road, Totowa, NJ 07511

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

02-14-2005

06-01-2005

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I have been employed with the above named employer since August 12, 1980. I was hired as an Assistant Human Services. My official title is Principal Clerk Transcriber. I am currently on sick leave because of the harassment and terms & conditions of employment that I have been subjected to.

Beginning on or around 2004, when Carol Wolke, Assistant Director of Nursing (ADON) became my immediate supervisor until a replacement was hired for my former supervisor, my working environment changed to a hostile environment. I have been harassed and threatened by Ms. Wolke. I have complained about the treatment from Ms. Wolke but no action is taken.

In September 2004, Ms. Wolke reduced my PAR rating but increased the PAR of my White counterpart(s). In December 2004, I was threatened when Ms. Wolke stated, "I'll fix you; I'll get you one way or another". I have been denied time off that had been submitted far in advance. On February 14, 2005, I received a RED A, allegedly because I did not call/show for work. I filed a grievance which was acted upon and the charges were dismissed. I went out of work on sick leave from March 2005, until June 1, 2005. When I returned, all of my job duties/responsibilities were taken from me.

I believe that I have been discriminated against because of my race (Black), and retaliated against in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

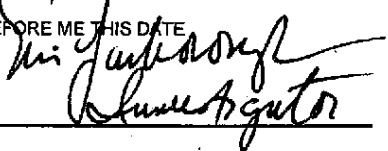
Sep 09, 2005

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

9 September 2005

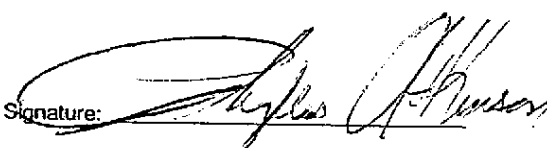


**DISCRIMINATION COMPLAINT PROCESSING FORM**

NEW JERSEY DEPARTMENT OF PERSONNEL

**INSTRUCTIONS:** To be filed with the Affirmative Action Officer or authorized designee for the State department / agency where you work or applied for employment.

Read reverse side before completing form.

1. Name: <b>PHYLLIS ATKINSON</b>	2. Social Security Number: <b>157-54-6131</b>	3. Telephone (work): <b>X4146</b> <b>973-256-1700</b>
4. Job Title: <b>PRINCIPAL Clerk TRAN</b>	5. Department: <b>NURSING</b>	6. Telephone (Home): <b>973-279-8111 (CH)</b> <b>973-460-0382 (C)</b>
7. Home Address:		
8. Exact date(s) of discriminatory action(s): <b>11/04 12/04 4/04</b>		
9. Basis of Discrimination:		
<input checked="" type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Ancestry <input type="checkbox"/> Reprisal (from having filed a discrimination complaint) <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> National Origin <input type="checkbox"/> Marital status <input type="checkbox"/> Affectional/Sexual Orientation		
10. Explain why you feel you have been discriminated against (include the name and title of person(s) you believe discriminated against you)		
<p><b>YOU HAVE THE BURDEN OF PROVING YOUR CHARGE OF DISCRIMINATION:</b></p> <p><b>ARTICLE 2</b></p> <p><b>A. NON-DISCRIMINATION</b></p> <p><b>see attached</b></p>		
11. Appellant's Signature: 		Date: <b>3/29/05</b>
<input type="checkbox"/> ADDITIONAL SHEETS ATTACHED		
12. Have you filed a discrimination complaint with the		13. Have you filed a grievance on the issues / personnel actions described?
• N.J. Division on Civil Rights? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • U.S. Equal Employment Opportunity Commission? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>DO NOT WRITE BELOW THIS LINE</b>		
AA Officer Signature: _____		Date Received: _____